



## NATIONAL DISASTER LIFE SUPPORT REGISTRATION FORM

Course: June 2010 ADLS Course

Location: Fairmont Montana

Date(s): June 25<sup>th</sup> & 26<sup>th</sup> 2010

Last Name

First Name:

MI:

Degree: (Check one) MD ☐ PhD ☐ Pharmacist ☐ RN ☐ EMT ☐ EMT-P ☐ Other: ☐

Specialty:

Organization:

Email Address:

- E-mail must be provided & legible, course information is provided by e-mail.

Home Address:

City

State

Zip

Phone #

Fax #

Return to: Larry Ross, PO Box 202951, Helena, MT 59620

**FAX to: 444-3044**

**Internet access & hardwired phone required**

Sponsored & Paid by: MT-DPHHS Hospital Preparedness Program, and the MT-EMS/TS